

BEST AVAILABLE COPY

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/524530	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1				51				
2							52				
3							53				
4							54				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		↓	↓	↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.	↔	↔	↔	↔		↔	TOTAL DEP.	↔	↔	↔	↔
TOTAL CLAIMS		55	55	55		55	TOTAL CLAIMS		55	55	55